

State File No. _____
Registrar's No. 159

Registration District No. 383 Primary Registration District No. 565

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town New Vernon Mo
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town New Vernon Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Taylor
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Male Color of race white
5. Color of hair _____
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 26- 1867 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 24 year 1946 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct. 10 1946 to Oct 24 1946 that I last saw him alive on Oct 24 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 10 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death acute tension of heart
Due to Prostatitis
Duration 14 days 3 yrs

9. Birthplace Stone Co. Mo U (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer

Major findings: Of operations Paffornus

MOTHER FATHER
11. Industry or business _____
12. Name David Taylor
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Ferguson
15. Birthplace _____ (City, town, or county) (State or foreign country)

Of autopsy 137B
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address Kansas City Mo
17. (a) Burial (b) Date thereof 10/20/46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1000

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Geo B Orr
(b) Address New Vernon Mo
19. (a) 10-25-46 (b) E. Philbrick (Date received local registrar) (Registrar's signature)

23. Signature P A Holmes (M. D.)
Address _____ Date signed 10-25-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1046-1082

Date Filed OCT 31 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Geo. B. Orr*

Licensed Embalmer No. 946

P. O. Address *7th Vernon St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.